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ABSTRACT

To assess the educational needs within the region, a survey of deaf-blind individuals was conducted in 1969 involving 279 teachers, 85 United Fund agencies, 12 caseworkers, 20 education service centers, and ten parents. The survey resulted in the identification of 454 deaf blind children and adults in Arkansas, Louisiana, Oklahoma, and Texas. The project report also included a discussion of parent services, professional development, prototype models of services (medical, interagency, itinerant teacher, communications, residential, diagnostic, evaluative, and public school day programs), and recommendations for improved services. Tables provide incidence figures and distribution data on deaf blind children in the region, and appendixes contain information regarding the advisory committees, related references, workshop activities, and equipment. (RD)

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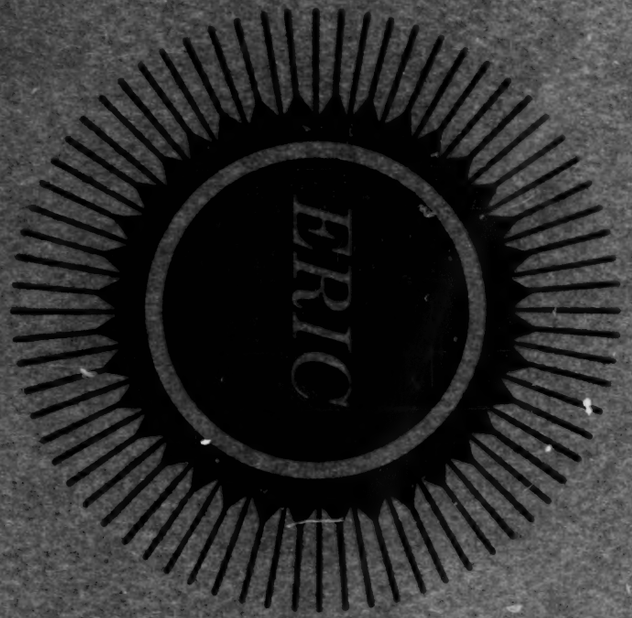

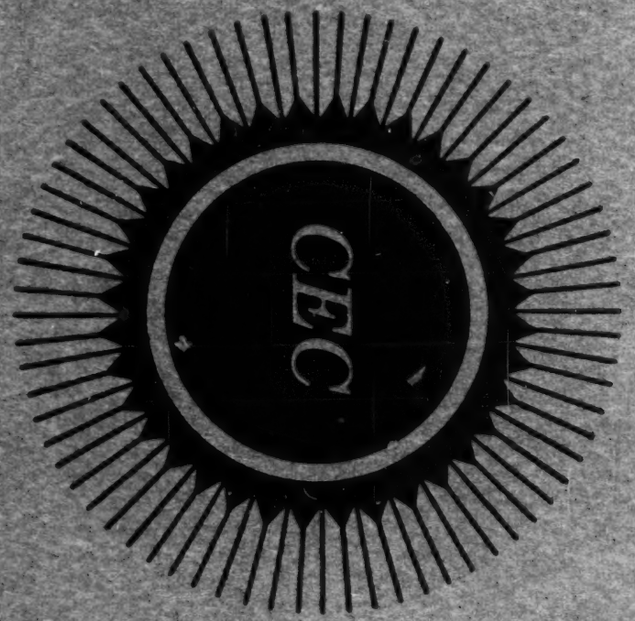

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FINAL REPORT: PLANNING YEAR

AREA CENTERS FOR SERVICES TO DEAF-BLIND CHILDREN IN ARKANSAS, LOUISIANA, OKLAHOMA, AND TEXAS

Grant # OEG-0-9-536003-4093 (609)

Callier Hearing and Speech Center
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June 15, 1970

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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The Area Centers Project for Deaf-Blind Children in Arkansas, Louisiana, Oklahoma, and Texas completed its planning year on June 15, 1970. During this year, some thirty-six agencies have cooperated in attaining the three goals of the project:

1. to survey the area for children who are visually and auditorally impaired.

2. to establish services for parents of children who are deaf and blind.

3. to establish goals for diagnostic and training facilities for professionals to provide maximum services for the child who is deaf and blind.

A listing of the participating agencies and their representative to the Advisory Committee has been included in Appendix A.

Advisory Committee meetings were held on September 11, 1969 in Dallas, December 12, 1969 in New Orleans, and informally during the national conference on Management and Evaluation of Deaf-Blind Children held in New York on May 5, 1970. During the September meeting, recommendations were made that the Advisory Committee approve formation of an Advisory Committee Executive Board composed of two representatives of each state, with Texas having four representatives due to geographic differential. A listing of the members of the Advisory Committee Executive Board representing the states is included in Appendix B. The Advisory Committee Executive Board serves as an action board which offers specific advice to the project coordinator. Each state has a representative from a discipline and a representative which reflects the state's interest.

Three committees were established to be concerned with (1) diagnostic and evaluation services, (2) consultative services, and (3) programs. Committee members represent particular expertise within the region which may be called upon to help in developing services for deaf-blind children in the region. (See Appendix C.)

Survey of Region

In order to define the educational needs within the region, a survey of deaf-blind individuals was conducted in September and October, 1969. Contact was made with 279 teachers, 85 United Fund agencies, 12 case-workers for the visually handicapped, 20 education service centers, and ten parents. The survey resulted in the identification of 454 deaf-blind children and adults in Arkansas, Louisiana, Oklahoma, and Texas. The survey identified 22 deaf-blind children enrolled in educational programs outside their region, 12 in a day care program in Oklahoma City, 36 children who had been evaluated in Houston, Texas, three in a formal language stimulation program in San Antonio, and two deaf-blind children enrolled in formal programs offered at the Callier Hearing and Speech Center in Dallas. One hundred and forty-two deaf-blind children have been identified in state schools for the mentally retarded in Texas and Louisiana. The remainder of these children were at home receiving few, if any, services. A listing of these children is presented in Tables 1 and 2.

Secondary benefits of the survey have been the exposure of the Area Center to a variety of organizations and individuals who serve deaf-blind children, as well as the establishment of an ongoing referral system for these children.

After the completion of the survey, it became evident that the focus of the planning year of the Area Centers project must be on coordination

AREA CENTERS FOR SERVICES TO DEAF-BLIND CHILDREN
CALLIER HEARING AND SPEECH CENTER, DALLAS, TEXAS

SURVEY OF DEAF-BLIND CHILDREN IN ARKANSAS,
LOUISIANA, OKLAHOMA, AND TEXAS

Locale	Population (1969 est.)	% of U. S. Population	Estimated # Of Deaf-Blind Children	Identified	Other Reported	Total 6-10-70
U. S.	201,000,000	----	3,580*	---	---	---
Arkansas	1,982,000	1.0%	36	32	---	32
Louisiana	3,738,000	1.8%	64	66	30	96
Oklahoma	2,539,000	1.3%	47	51	---	51
Texas	11,064,000	6.0%	215	163	112	275
		10.1%	362	312	142	454

*SOURCE: Rubella Surveillance Report, National Communicable Disease Center, June, 1969, P. 12

Other Reported: Texas: Residents of Texas State Schools for the Mentally Retarded, 81 Under 20 Years, 31 Over 20 Years of Age

Louisiana: Residents of Pinecrest State School, 16 Under 20 Years, 14 Over 20 Years of Age

DISTRIBUTION OF DEAF-BLIND CHILDREN IN ARKANSAS, LOUISIANA, OKLAHOMA, AND TEXAS BY AGE AND SEX

AGE IN YEARS	TOTALS				ARKANSAS		LOUISIANA			OKLAHOMA		TEXAS			
	Male		Female		M	F	M		F	M	F	M		F	
1	2	(2)		2		1	(2)			1		1			1
2	4			11			1		6	1	5	2			
3	9	(1)		9			3		2	3	1	3	(1)		6
4	7		(4)	11		1	1		(1) 1	1	3	5		(3)	6
5	31	(3)	(2)	21	2		2	(2)	1	8	8	19	(1)	(2)	12
6	29		(2)	32		4	5		2	3	1	21		(2)	25
7	5	(1)	(3)	8		1	2		3			3	(1)	(3)	4
8	8	(4)	(4)	4		1				4		4	(4)	(4)	3
9	3	(2)	(1)	3		1	1			1		1	(2)	(1)	2
10	8	(2)		6	1		2		3	2	1	3	(2)		2
11	7	(4)	(3)	6	2	2	1		(1) 1	1		3	(4)	(2)	3
12	6	(2)	(1)	6		1	4		2	1		1	(2)	(1)	3
13	5	(3)	(3)	5	1	1	2		(1) 1	1		1	(3)	(2)	3
14	1	(6)	(3)	3			1	(2)	(1)		2		(4)	(2)	1
15	3	(4)	(3)	3	1			(1)	(1) 2	1		1	(3)	(2)	1
16	1	(8)		3			1	(2)	2				(6)		1
17	5	(3)	(2)	7	1	2	1		3			3	(3)	(2)	2
18	5	(3)	(2)	2	2		3		2				(3)	(2)	
19	3	(4)	(1)	2		1			(1) 1			3	(4)		
20	1	(3)	(1)		1			(1)					(2)	(1)	
21 And Over	5	(26)	(25)				1	(8)	(6)			4	(18)	(19)	
Insufficient Data		(1) 20				5			3		2		(1) 10		
TOTALS	148	(81)	(60)	144	11	16	31	(18)	(12) 32	28	21	78	(63)	(48)	75

12 Children in Day School in Oklahoma
22 Children in Residential Schools for Deaf-Blind
142 Children in Residential Schools for the Mentally Retarded
312 At Home
( ) Figures in Parenthesis are Children in Residential Schools for the Mentally Retarded

of efforts to bring together resources within the region and to generate educational programs for deaf-blind children. This is a relatively new concept within the region. There are many traditions which affect the establishment of coordinated efforts to provide services to deaf-blind children.

It seems that the regional center offers both positive and negative valances in regard to the attitudes of local facilities toward the project. In some instances, the regional center was viewed as an outside force which threatened the function of local agencies. In other instances, the regional center was viewed as being responsible for coming into an area or state and establishing a full blown program. Both of these views are extremes, but they seem to be beyond what the regional center project can be expected to accomplish in either instance. The regional center has attempted to serve as a resource from which programs and services might be developed within local agencies. This seemed to be the most practical approach to the development of services for deaf-blind children. Facilities and funds are limited and with no residential programs available in the region, it is only feasible to use local programs and to try to coordinate the efforts of the existing resources before further expansion could be undertaken. The role of the regional center is not, at this time, fully developed, accepted, or understood since it has required a process of evolution. This development of the regional concept will remain an area of concentration since it is so basic to further developments in the region.

An additional need of this region was that of professional information. The Area Centers compiled a list of references regarding deaf-blind children. This bibliography, containing approximately 600 entries, has been published by the Special Education Materials Center, 304 West 15th Street, Austin, Texas, and has been distributed regionally. (See Appendix D.)

Services for Parents

Attainment of the second goal of the planning year has followed three approaches: (1) survey of programs, (2) development and dissemination of information materials and (3) training programs involving parents and professionals.

To establish services for parents of deaf-blind children, existing programs have been surveyed and services which are available to aid the parents have been identified. These services range from a full counseling program in Oklahoma City, to the development of referral channels within each state which would be available to parents.

Secondly, information materials have been developed. Approximately 2,500 copies of an information brochure detailing the planning year have been sent to individuals and agencies within the region. An information oriented videotape has also been developed and is designed to aid professionals in the field. This twenty minute tape presents basic information regarding the development of services for the deaf-blind as well as program needs for deaf-blind children. In addition, a booklet for parents has been written. At this time, the Area Centers project is working on the final revision of the booklet and anticipates having it available in the near future. The booklet will be available in both Spanish and English editions.

During the operational year, the Area Centers will conduct parent oriented workshops. These workshops will concern themselves with parental attitudes, educational approaches, and the establishment of home programs. Research studies will be proposed to develop better understanding of parental needs and counseling and guidance approaches.

Professional Development

The establishment of diagnostic services for deaf-blind children has expanded throughout the year. One problem is the lack of programs to follow through on the recommendations of the evaluation. There are currently diagnostic facilities in Houston, Dallas, Oklahoma City and San Antonio, where evaluation of deaf-blind children can be accomplished. Additional diagnostic facilities for deaf-blind children are being planned within the region.

Within the context of the third goal of the planning year, the development of training facilities for professionals has progressed. The University of Texas at Austin has begun a degree program for the training of teachers of multi-handicapped, sensorially impaired children. This program will offer dual certification in teaching hearing impaired children and in teaching visually impaired children. Presently, four students are in the degree program. The University of Texas at Austin is also offering a summer program with the same objective.

Texas Womans University, through the Department of Occupational Therapy, has requested funding for a workshop for occupational therapist who are working with multi-handicapped, deaf-blind children. T.W.U. will list this workshop in their summer 1970 catalog. The Area Centers project will co-sponsor this workshop.

The Area Centers project will also sponsor four workshops in the region to aid professionals working with deaf-blind children and anticipates contributing to three other workshops either through consultation or co-sponsorship. (See Appendix E.)

As mentioned in the December progress report, the three basic phases of the planning year have been

(1) delineation of the problems in developing services to deaf-blind children in the region,

(2) expansion of information and participation to agencies and individuals as to the prospects of services for deaf-blind children,

(3) refinement of purpose, selecting those areas where services are most feasible and deciding the means by which services could be initiated.

The refinement stage included development of models of services which might be used as prototypes throughout the region to expand services. The regional center project is not trying to demonstrate the educability of deaf-blind children. There is a lengthy history of the education of deaf-blind children. Needed, in the region, are flexible approaches to provide services to deaf-blind children. Traditionally, deaf-blind children in this region have had limited alternatives available for services: the state school for the mentally retarded, placement at home, or for a few children, residential schools outside the region for educational programming. The following models have been

identified for inspection as prototypes in the region:

Educational Model Based Upon a Medical Model: This approach is based upon sensory-neurological information reported from medical evaluations of the deaf-blind child. The information is taken by the teacher as baseline information for educational programming. This approach utilizes the recommendations of physicians for specific activities and calls for paramdeical therapies to be available for deaf-blind children which will aid in the growth and development of the child. Re-evaluation by medical personnel is necessary to generate further programming for the deaf-blind child in this setting. The teacher serves as part of a habilitational team, aiding in staff-developed goals, and applying medical recommendation along the lines of diagnosis-prognosis-treatment. Since this type of program centers on medical treatment, it should be a part of the development of long range educational/habilitational services where the child is placed in other types of programs as medical needs are met and other needs emerge.

Cooperative, Interagency Program: The cooperative, interagency program focuses upon using professionals from various disciplines to jointly develop approaches to services. Each discipline or agency would represent a particular expertise which would aid in the education of the deaf-blind child. The educational model in this type of program serves as a coordinating effort to implement recommendations from various professional disciplines. This model implies that children may receive specific services in separate facilities and that the teacher

will be able to take the recommendations from the various facilities and plan individual programs for each child, either in a classroom, at home, or in one of the participating agencies.

Communications Model Program: This approach to developing educational services for deaf-blind children is based upon the child's need for communications skills. In this approach, one agency develops an intensive, specialized program of communications development for deaf-blind children. From this concentration of efforts on communications, other systems of development are aided through specific recommendations of professional consultants from other disciplines or other systems of development are observed and encouraged during group or individual communications skills activities. In this approach, the educational component becomes part of communications efforts, stressing language development, speech stimulation, manual communication, and graphic forms of expression.

Itinerant Teacher Program: The itinerant teacher program approach indicates that the teacher will visit the child on a periodic basis. This visit may be in a home setting, school setting, or in any setting conducive to aiding the deaf-blind child. The itinerant teacher will be offering both direct and indirect services to the deaf-blind child. Direct services would be performed through individual learning situations where the teacher helps the child understand an activity and to perform or accomplish certain goals. Indirect services to the deaf-blind child would be performed by the itinerant teacher through training others to

work with the deaf-blind child between visits of the itinerant teacher: parents, social caseworkers, volunteers, and others would be able to aid the deaf-blind child between visits from the itinerant teacher.

Residential/Education Approach: This approach centers on the residential setting where staff and plant facilities are concentrated to help the deaf-blind person. This approach implies an intensive educational habilitational program for deaf-blind children with the teacher serving as program planner and as the person to implement educational services in the residential setting. This setting may be in schools for blind children or schools for deaf children, with specific departments for deaf-blind.

Residential/Mentally Retarded Approach: This approach focuses on a residential setting primarily for mentally retarded children and who have sensory impairments which require either custodial care or constant supervision. The teacher in this setting seeks ways in which the deaf-blind child may be more independent and means in which the cost of constant care may be reduced.

Residential/Diagnostic/Evaluation Approach: This setting centers on the child and family being brought into a residential setting for specific activities on a short term basis. The child would receive diagnostic and evaluative services while the family was learning more about the child and about the condition which affects the child. Implicit in this setting is that the child and family would return to their home to follow a program outlined from the diagnostic/evaluative staff. A

caseworker or itinerant teacher would visit the family in the home to aid in implementing the recommendations. Periodically, the child and family would return to the residential setting for further diagnostic and evaluative services and further program recommendations. The teacher in this setting would function as a member of the diagnostic and evaluative staff as well as developing programs for home use. Of necessity, the teacher would need to be in contact with the professional persons who visited the home if this function was not performed by the teacher.

Public School Day Classes: The public school day class would center on aiding the deaf-blind child in the development of systems of behavior which would lead to more academic types of activities. These classes should be available for the deaf-blind child in the early education setting, the academic setting, and in the prevocational setting. The age range of children in public school programs should cover from time of diagnosis, including congenitally deaf-blind children, to time of adult placement in either sheltered employment or competitive employment.

Models to Be Developed

For the developmental/operational year, 1970-71, the Area Centers Project for Deaf-Blind Children in Arkansas, Louisiana, Oklahoma, and Texas is attempting to develop these approaches in Oklahoma City (medical/educational model), Dallas (communications model), Houston (interagency cooperative model), Texarkana (itinerant teacher model), San Antonio (public school day classes model), and Pinecrest State School, Pineville, Louisiana (residential/mentally retarded model).

Specific achievements which have not been reported since the December progress report include the following:

Three agencies in Texas have been approved by the Texas Education Agency to contract for services for the education of deaf-blind children. Previously, contracting agencies approved for education of deaf-blind children have been the Alabama Institute for Deaf and Blind, Talladega; the Perkins School for the Blind, Watertown; and the New York Institute for Education of the Blind, New York City. The three Texas agencies now approved are the Callier Hearing and Speech Center, the Children's Division of the Houston Lighthouse for the Blind, and the Houston Speech and Hearing Center. None of the Texas agencies offer residential facilities for deaf-blind children in their programs.

The new state guidelines for special education in Texas offer potential sources for local schools to develop programs for deaf-blind children in Texas. These local units will allow a school to establish a

unit for six deaf-blind children in the local area through bi-county or bi-district agreements.

The need has been expressed in Oklahoma City to expand the program in that city to include public day school programs. This request will be pursued during the developmental/operational year.

Summary

In final analysis, progress in the planning year has been steady and the future seems positive to develop comprehensive programs for deaf-blind children in the region. In Oklahoma, the program in Oklahoma City seems to offer a sound basis for further developments in that state. Further inquiry is needed into residential settings in Oklahoma. A statewide rubella immunization program has been highly successful with 52.0% of the target population (257,227 children) receiving immunization on one Sunday program.

In Arkansas, further coordination of program development is needed. There are resources for the medical model to be implemented, however, educational programs have not developed as repidly as was expected. Further coordination of special services to deaf-blind children is needed in Arkansas to define the role of the Area Centers project in that state.

In Louisiana, casefinding has been extremely efficient. Over 90 deaf-blind individuals have been identified through the Division for the Blind, Louisiana Department of Public Welfare. The Pinecrest State School has offered a resource in developing approaches to work with deaf-blind, severely involved children. The potential for diagnostic and evaluative services are available from the state department of special education and from private and state supported institutions in New Orleans. Further coordination of efforts is needed in this state to develop services for the population identified.

Texas seems to have begun to provide services to a limited number of deaf-blind children. There seems to be a need for a residential setting where the deaf-blind child and family may begin further programming. There seems to be a need for further services in the schools for the mentally retarded in Texas. Both of these needs are being discussed and seem to be obtainable through coordinated efforts.

Suggestions and Recommendations

There are a few areas where specific efforts need to be made regarding program development for deaf-blind individuals. The first is in the area of funding and developing sources to provide financial support for the habilitation of deaf-blind children. It does not seem to be a question of whether funds will be spent on services for deaf-blind children. The deaf-blind child who does not receive appropriate intervention services will become more functionally retarded with age. This person will require institutional care in schools for the mentally retarded. In Texas, the average cost for custodial care is $8.50 a day. When this figure is multiplied for a fifty year life span, the cost of custodial care in Texas would be approximately $155,000.00 per person. Under present cost figures, this would finance 10 years of educational programming in existing facilities in the nation.

Thus the question seems to be where funds will be spent, either in the state schools for the retarded or in educational programs for deaf-blind children. Cost reduction should be considered in this aspect. If the deaf-blind child can become more independent through intervention programming, the cost of custodial care may be reduced even in cases where long term institutional care is indicated. For the deaf-blind child who does not require custodial care in an institutional setting, savings in funds and staff will be made which are beyond the humanitarian aspects of the education and habilitation of deaf-blind children.

A second area of concern should be in casefinding. Even if services are available for deaf-blind children, they will be minimally used if the child is not referred for services as soon as possible after diagnosis or suspected impairment. The development of communications between those who could provide services to deaf-blind children and those who see the deaf-blind child for diagnostic or treatment seems most vital. This task will require concentrated effort to develop lines of communication, responsibility, and service.

Coordination seems to be the key to developing comprehensive services to deaf-blind children. This type of activity where resources are brought together through coordinated efforts demands a diplomatic yet productive process. Without appropriate coordination of efforts, services to deaf-blind children will diminish regardless of funding sources or intentions.

APPENDICES

APPENDIX A	ADVISORY COMMITTEE
APPENDIX B	ADVISORY COMMITTEE EXECUTIVE BOARD
APPENDIX C	COMMITTEES: COMMITTEE ON DIAGNOSTIC AND EVALUATIVE SERVICES COMMITTEE ON CONSULTATIVE SERVICES COMMITTEE FOR PROGRAMS, EDUCATION, ADJUSTMENT, AND ORIENTATION
APPENDIX D	DEAF-BLIND CHILDREN: A LIST OF REFERENCES
APPENDIX E	WORKSHOP ACTIVITIES
APPENDIX F	CAPITAL EQUIPMENT

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WORKSHOP ACTIVITIES

Austin, Texas	"Institute for Training Persons for Education of Low Vision Children"
Pineville, Louisiana Pinecrest State School	"Behavior Modification Programs for Deaf-Blind Residents"
Dallas, Texas Callier Hearing & Speech Center	Workshop for Parents
Dallas, Texas Callier Hearing & Speech Center	Characteristics of Deaf-Blind Children
Little Rock, Arkansas	Parent Orientation Program
Denton, Texas Texas Womans University	Occupational Therapist Workshop
Lubbock, Texas Texas Tech University	Multi-handicapped Deaf Children

CAPITAL EQUIPMENT

1969-1970

Name	Serial Number
IBM Standard Electric Typewriter	6365355
IBM Standard Electric Typewriter	6415147
Sony Videotape Recorder	10588
Sony Videotape Monitor	10582
Sony-50 Portable Casette Recorder	96646